#### summer camp leader-in-training program 2009

#### DEAR PARENTS/GUARDIANS & TEENS,

Summer will be here before we know it. It's time to start thinking about the City of Eureka's Leader-In-Training program, held in conjunction with our Summer Day Camps. It is a pleasure to invite your teen to apply to become a member of our Leader-In-Training program.

By becoming a L.I.T. you will not only be able to play and engage in the many fun activities that our Camp participants do, you will also have the opportunity to learn the many skills and responsibilities of a Recreation Leader. This leadership based training program is a dynamic experience for participants 13-17 years old and provides hands-on experience that can immediately be applied to "real life" situations. This training program aims to foster personal growth, teach life skills, encourage strong relationships and enable teens to enjoy meaningful experiences to enhance their college applications, career aspirations and lives!

Enclosed you will find an Application and Reference Form as well as a Program Brochure describing the application and registration process. *All completed application packets are due May 29*<sup>TH</sup>, 2009 at 5:00 p.m.

If you should have any questions regarding the application process or program in general, please let me know. I can be reached by phone (707) 441-4224 or by email at <a href="mailto:bsaffell@ci.eureka.ca.gov">bsaffell@ci.eureka.ca.gov</a>.

Thank you again for your interest,

Berny Saffell L.I.T. Summer Camp Director 441-4224



## City of Eureka-Recreation Division

# LEADER-IN-TRAINING APPLICATION - DUE BY MAY 29, 2009

**Teens**: Please print clearly & complete the entire application • **Parents**: Please sign Parent/Guardian Agreement

PERSONAL INFORMATION:					
NAME:		Date:			
Last	First	Middle Initial			
ADDRESS:	// Street	City	// State	Zip	
PHONE NUMBER:		-	State	<b>-</b> 'P	
		T-SHIRT SIZE:			
PARENT/GUARDIAN CONTACT:					
NAME:Last		PHONE NUMBER:			
	First				
EDUCATION INFORMATION:					
NAME OF SCHOOL:		CURRENT G	RADE:		
WORK/VOLUNTEER EXPERIENCE					
	<del></del>	DATES			
	DATES:				
CONTACT NAME:		PHONE:_			
POSITION TITLE:					
RESPONSIBILITIES:					
Please list any additional training or experience:					
<u></u>					
HOBBIES/EXTRACURRICULAR ACTIVIT	IES:				
AWARDS/HONORS:				· · · · · · · · · · · · · · · · · · ·	
What would you like to learn from the L.	IT experience?				
Describe a situation where you have demonstrated leadership skills.					
				<del></del>	
				<del> </del>	
				<del></del>	

L.I.T. Program?		the
		_
What is your definition of the word <u>FUN</u> ?		
		_
PLEASE ATTACH ADDITIONAL SHEETS IF NEC	ESSARY.	
PLEASE ATTACH ADDITIONAL SHEETS IF NEC!  I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).		nt wil
I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).		
I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).	will be awarded. If selected, paymen	
I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).  PRINT APPLICANT NAME:  APPLICANT SIGNATURE:	will be awarded. If selected, paymen	
I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).  PRINT APPLICANT NAME:  APPLICANT SIGNATURE:  1. I commit to being a partner in my child's participation in the L.I.T. Program. I will provi practice punctuality and good attendance. I know that if my child is selected it is impo good attitude, especially because this is a competitive program and selection is a privi 2. My child is in good physical and emotional health.	will be awarded. If selected, payment  DATE:  de transportation and encourage my child rtant to emphasize his/her participation allege.	
I understand that I am applying for a volunteer position and no monetary compensation be required (\$45/week per participant).  PRINT APPLICANT NAME:  APPLICANT SIGNATURE:  1. I commit to being a partner in my child's participation in the L.I.T. Program. I will provi practice punctuality and good attendance. I know that if my child is selected it is impogood attitude, especially because this is a competitive program and selection is a privi	will be awarded. If selected, payment  DATE:  de transportation and encourage my child rtant to emphasize his/her participation allege.	

Please return all application materials to: The John Ryan Youth Center, L.I.T. Program 1653 J St. Eureka, CA 95501 Phone: 441-4224 Fax: 268-1845

### LEADER-IN-TRAINING REFERENCE FORM

Please have someone (former employer, teacher, coach, minister, family friend) other than a relative fill ou	ut this form.
(applicant's name) is applying for a position as a Leade with the City of Eureka Department of Recreation. The Leader-In-Training program is targeted ages 13-17. The idea behind the L.I.T. Program is to foster the development of leadership ski program is designed to increase awareness of personal responsibility and character development to provide youth with necessary life skills for future success.	d for youth ills. The
NAME(Individual giving reference):	
RELATIONSHIP TO APPLICANT:	
HOW LONG HAVE YOU KNOWN THE APPLICANT?	
Please describe why you think the applicant would be a good candidate for the City of Eureka Training Program (Include details regarding the applicant's maturity level, personal strengths/s overall character):	
Do you feel the applicant would make a serious commitment to the L.I.T. Program? Wh not?	y or why
Please give any additional information that would be helpful in assessing the applicant serve as a Leader-In-Training:	_
May we call you regarding this applicant? Daytime Phone:	
Signature: Date:	